

To :

Joseph J Farnon Jr

From :

David DeJesus Sr

Date :

4-26-07

RE :

Please dont Denied me I need help I'm sick.

I got the letter that I was denied, Please help I am sick and I am also being punish two time for the same thin and I still dont know How bad my liver is or the test of the biopsy?

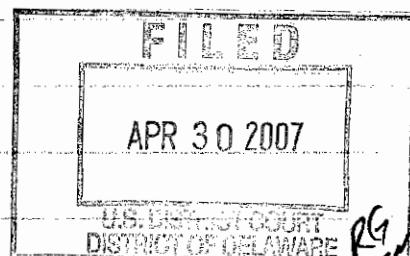
again they classifi me to the hole for the same write up that I got for not going to the Key at M-R-Y-C-I because of my Health, next review Date is Oct 07, is that righth for me to pay to time and in a place where the Buld is old no air or Heat, I am sick they already dont care for my Health Please help before its to late, I am getting punish for being sick. Please dont keep letting these killer get away with murder, I dont know what to do any more.

Thank you and God Bless you

sincerely yours

David DeJesus Sr

PS let the Jury hear my cry for help.



FORM #585

MEDICAL GRIEVANCE

FACILITY: S-C-I

DATE SUBMITTED: 4-26-07

INMATE'S NAME: David De Jesus Sr

SBI#: 209513

HOUSING UNIT: MS B-F

CASE #: _____

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SECTION #1

DATE & TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM:

I am having side effects and there are more side effects that are not on the consent for treatment form you "C-M-S" give me to sign and they have miss some doses, so why keep trusting these killer with my life when they have lie to me a lot of time

GRIEVANT'S SIGNATURE: David De Jesus Sr DATE: 4-26-07

ACTION REQUESTED BY GRIEVANT: To stop lying and do the right thin to help me i get the right meds, I also want the count to get a dr not from C-M-S who I can trust with my life.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

MEDICAL GRIEVANCE FORM #585

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SECTION #2

IF GRIEVANT DOES NOT AGREE TO THE DECISION OF THE MEDICAL GRIEVANCE COMMITTEE THEY
MUST RESPOND, IN WRITTING, WITHIN TWO DAYS OF THE RECEIPT OF THE DECISION. SPACE FOR
AN APPEAL HAS BEEN PROVIDED ON THIS FORM IN SECTION #3.

RESPONSE BY M.G.C.: _____

DATE RECEIVED BY GRIEVANT: _____ GRIEVANT SIGNATURE: _____

DOES GRIEVANT ACCEPT M.G.C. DECISION? _____ (YES) _____ (NO)

SECTION #3

IF YOU WISH TO APPEAL PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN WHY:

GRIEVANT'S SIGNATURE: _____ DATE: _____

I/M: David J. DeJesus BLDG: MSB-F
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500
GEORGETOWN, DELAWARE 19947

Judge Joseph J. Farson Jr
U.S. District Court, Lock Box 18
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Wilmington DE
19801

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9453 [REDACTED] 059 61

U.S. Mail
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